

**1998 Rhode Island Behavioral Risk Factor Surveillance System Questionnaire**  
**Final Draft - Questionnaire #9**  
**February 3, 1999**

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HELLO, I'm \_\_\_\_\_ calling for the Rhode Island Department of Health. We're doing a study of the health practices of Rhode Island residents. Your phone number has been chosen randomly by the Rhode Island Department of Health to be included in the study, and we'd like to ask some questions about things people do which may affect their health.

Is this \_\_\_\_\_ ?

**No** Thank you very much, but I seem to have dialed the wrong number, It's possible that your number may be called at a later time. **Stop**

Is this a private residence?

**No** Thank you very much, but we are only interviewing private residences. **Stop**

Our study requires that we randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

**If "1"** Are you the adult?

**If "yes"** Then you are the person I need to speak with. **Go to page 3**

**If "no"** May I speak with him or her? **Go to "correct respondent" at bottom of page**

How many of these adults are men and how many are women?

Who is the oldest man who presently lives in this household?  
Who is the next oldest man who presently lives in this household?  
**Etc.**

Who is the oldest woman who presently lives in this household?  
Who is the next oldest woman who presently lives in this household?  
**Etc.**

The person in your household that I need to speak with is \_\_\_\_\_.  
**If "you," go to page 3**

**To correct respondent** Hello, I'm \_\_\_\_\_  
calling for the Rhode Island Department of Health.  
I'm a member of a special research team. We're  
doing a study of Rhode Island residents regarding  
their health practices and day-to-day living  
habits. You have been randomly chosen to be  
included in the study from among the adult members

of your household.

The interview will only take a short time, and all the information obtained in this study will be confidential.

Section 1: Health Status

1. Would you say that in general your health is: (35)

Please Read

- a. Excellent 1
- b. Very good 2
- c. Good 3
- d. Fair 4
- or
- e. Poor 5

Do not read these responses Don't know/Not Sure 7  
Refused 9

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (36-37)

- a. Number of days — —
- b. None 8 8
- Don't know/Not sure 7 7
- Refused 9 9

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (38-39)
- |   |   |   |
|---|---|---|
| a. Number of days                                 | — | — |
| b. None <b>If Q2 also "None," go to Q5 (p. 5)</b> | 8 | 8 |
| Don't know/Not sure                               | 7 | 7 |
| Refused   | 9 | 9 |
4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (40-41)
- |                     |   |   |
|---------------------|---|---|
| a. Number of days   | — | — |
| b. None             | 8 | 8 |
| Don't know/Not sure | 7 | 7 |
| Refused             | 9 | 9 |

## Section 2: Health Care Access

5. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (42)
- a. Yes 1
  - b. No Go to Q7a (p. 7) 2
  - Don't know/Not sure Go to Q10 (p. 8) 7
  - Refused Go to Q10 (p. 8) 9
6. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare? (43)
- a. Yes Go to Q10 (p. 8) 1
  - b. No 2
  - Don't know/not sure 7
  - Refused 9

7. What type of health care coverage do you use to pay for most of your medical care? (44-45)

Is it coverage through: Coverage Code — —

**Please Read**

- |                   |  |                         |     |
|-------------------|--|-------------------------|-----|
| a.                | Your employer  | <b>Go to Q8 (p. 8)</b>  | 0 1 |
| b.                | Someone else's employer  | <b>Go to Q8 (p. 8)</b>  | 0 2 |
| c.                | A plan that you or someone else buys on your own                   | <b>Go to Q8 (p. 8)</b>  | 0 3 |
| d.                | Medicare   | <b>Go to Q10 (p. 8)</b> | 0 4 |
| e.                | Medicaid or Medical Assistance [or substitute state program name]  | <b>Go to Q8 (p. 8)</b>  | 0 5 |
| f.                | The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA]            | <b>Go to Q8 (p. 8)</b>  | 0 6 |
| g.                | The Indian Health Service [or the Alaska Native Health Service] or | <b>Go to Q8 (p. 8)</b>  | 0 7 |
| h.                | Some other source  | <b>Go to Q8 (p. 8)</b>  | 0 8 |
| <b>Do not</b>     | None   | <b>Go to Q9 (p. 8)</b>  | 8 8 |
| <b>read these</b> | Don't know/Not sure  | <b>Go to Q8 (p. 8)</b>  | 7 7 |
| <b>responses</b>  | Refused  | <b>Go to Q8 (p. 8)</b>  | 9 9 |



7a. There are some types of coverage you may not have considered. Please tell me if you have any of the following: (46-47)

Coverage through: Coverage Code — —

**Please Read**

<b>If more than one, ask "Which type do you use to pay for most of your medical care?"</b>	a. Your employer	0 1
	b. Someone else's employer	0 2
	c. A plan that you or someone else buys on your own	0 3
	d. Medicare <b>Go to Q10 (p. 8)</b>	0 4
	e. Medicaid or Medical Assistance [ <b>or substitute state program name</b> ]	0 5
	f. The military, CHAMPUS, TriCare, or the VA [ <b>or CHAMP-VA</b> ]	0 6
	g. The Indian Health Service [ <b>or the Alaska Native Health Service</b> ] <b>or</b>	0 7
	h. Some other source	0 8
<b>Do not read these responses</b>	None <b>Go to Q9 (p. 8)</b>	8 8
	Don't know/Not sure <b>Go to Q10 (p. 8)</b>	7 7
	Refused <b>Go to Q10 (p. 8)</b>	9 9

8. During the past 12 months, was there any time that you did not have any health insurance or coverage? (48)

a. Yes <b>Go to Q10</b>	1
b. No <b>Go to Q10</b>	2
Don't know/Not sure <b>Go to Q10</b>	7
Refused <b>Go to Q10</b>	9

9. About how long has it been since you had health care coverage?  
(49)

**Read Only if Necessary**

- |   |   |
|---|---|
| a. Within the past 6 months (1 to 6 months ago) | 1 |
| b. Within the past year (6 to 12 months ago)    | 2 |
| c. Within the past 2 years (1 to 2 years ago)   | 3 |
| d. Within the past 5 years (2 to 5 years ago)   | 4 |
| e. 5 or more years ago                          | 5 |
| Don't know/Not sure                             | 7 |
| Never   | 8 |
| Refused   | 9 |

10. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?  
(50)

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

11. About how long has it been since you last visited a doctor for a routine checkup?  
(51)

**Read Only if Necessary**

- |   |   |   |
|---|---|---|
| <b>A routine<br/>checkup is a<br/>general phys-<br/>ical exam, not<br/>an exam for<br/>a specific</b> | a. Within the past year (1 to 12 months ago)  | 1 |
|   | b. Within the past 2 years (1 to 2 years ago) | 2 |
|   | c. Within the past 5 years (2 to 5 years ago) | 3 |

injury, illness, or condition	d. 5 or more years ago	4
	Don't know/Not sure	7
	Never	8
	Refused	9

### Section 3: Diabetes

12. Have you ever been told by a doctor that you have diabetes? (52)

If "Yes" and female, ask "Was this only when you were pregnant?"

a. Yes	1
b. Yes, but female told only during pregnancy	2
c. No	3
Don't know/Not sure	7
Refused	9

### CDC Module 1: Diabetes

DIAB\_1. How old were you when you were told you have diabetes? (171-172)

Code age in years [76 = 76 and older]	—	—
Don't know/Not sure	7	7
Refused	9	9

DIAB\_2. Are you now taking insulin? (173)

a. Yes	1
b. No Go to DIAB_4	2
Refused Go to DIAB_4	9

DIAB\_3. Currently, about how often do you use insulin? (174-176)

a. Times per day	1	—	—
b. Times per week	2	—	—
c. Use insulin pump	3	3	3
Don't know/Not sure	7	7	7
Refused	9	9	9

DIAB\_4. About how often do you check your blood for glucose or sugar?  
 Include times when checked by a family member or friend, but do not  
 include times when checked by a health professional.  
 (177-179)

a. Times per day	1	—	—
b. Times per week	2	—	—
c. Times per month	3	—	—
d. Times per year	4	—	—
e. Never	8	8	8
Don't know/Not sure	7	7	7
Refused	9	9	9

DIAB\_5. Have you ever heard of glycosylated hemoglobin [gli-KOS-ilated HE-  
 mo-glo-bin] or hemoglobin "A one C"?  
 (180)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

DIAB\_6. About how many times in the last year have you seen a doctor,  
 nurse, or other health professional for your diabetes? (181-182)

a. Number of times	—	—
b. None <b>Go to DIAB_9</b>	8	8
Don't know/Not sure <b>Go to DIAB_9</b>	7	7
Refused <b>Go to DIAB_9</b>	9	9

**If "No," "Dk/Ns," or "Refused" to DIAB\_5, go to DIAB\_8.**

DIAB\_7. About how many times in the last year has a doctor, nurse, or other  
 health professional checked you for glycosylated hemoglobin or  
 hemoglobin "A one C"?  
 (183-184)

a. Number of times	—	—
--------------------	---	---

b. None	8 8
Don't know/Not sure	7 7
Refused	9 9

DIAB\_8. About how many times in the last year has a health professional checked your feet for any sores or irritations? (185-186)

a. Number of times	— —
b. None	8 8
Don't know/Not sure	7 7
Refused	9 9

DIAB\_9. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (187)

**Read Only if Necessary**

a. Within the past month (0 to 1 month ago)	1
b. Within the past year (1 to 12 months ago)	2
c. Within the past 2 years (1 to 2 years ago)	3
d. 2 or more years ago	4
e. Never	8
Don't know/Not sure	7
Refused	9

I would now like to ask you three questions about how well you see with your glasses or contacts on if you use them.

DIAB\_10. How much of the time does your vision limit you in recognizing people or objects across the street? (188)

Would you say: **Please Read**

a. All of the time	1
--------------------	---

- |                   |                          |   |
|-------------------|--------------------------|---|
| b.                | Most of the time         | 2 |
| c.                | Some of the time         | 3 |
| d.                | A little bit of the time | 4 |
|                   | <b>or</b>                |   |
| e.                | None of the time         | 5 |
| <b>Do not</b>     | Don't know/Not sure      | 7 |
| <b>read these</b> |                          |   |
| <b>responses</b>  | Refused                  | 9 |

DIAB\_11. How much of the time does your vision limit you in reading print in a newspaper, magazine, recipe, menu, or numbers on the telephone? (189)

Would you say: **Please Read**

- |                   |                          |   |
|-------------------|--------------------------|---|
| a.                | All of the time          | 1 |
| b.                | Most of the time         | 2 |
| c.                | Some of the time         | 3 |
| d.                | A little bit of the time | 4 |
|                   | <b>or</b>                |   |
| e.                | None of the time         | 5 |
| <b>Do not</b>     | Don't know/Not sure      | 7 |
| <b>read these</b> |                          |   |
| <b>responses</b>  | Refused                  | 9 |

DIAB\_12. How much of the time does your vision limit you in watching television? (190)

Would you say: **Please Read**

- |    |                          |   |
|----|--------------------------|---|
| a. | All of the time          | 1 |
| b. | Most of the time         | 2 |
| c. | Some of the time         | 3 |
| d. | A little bit of the time | 4 |
|    | <b>or</b>                |   |
| e. | None of the time         | 5 |

<b>Do not</b>	Don't know/Not sure	7
<b>read these</b>		
<b>responses</b>	Refused	9

**(State-added question)**

DIAB\_13. Have you ever had a foot ulcer/sore/infection that took longer than two weeks to heal? (370)

Yes	1
-----	---

No	2
----	---

Don't know/Not sure	7
---------------------	---

Refused	9
---------	---



## Section 4: Exercise

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

13. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (53)

- |                                       |   |
|---------------------------------------|---|
| a. Yes                                | 1 |
| b. No Go to Q23 (p. 14)               | 2 |
| Don't know/Not sure Go to Q23 (p. 14) | 7 |
| Refused Go to Q23 (p. 14)             | 9 |

14. What type of physical activity or exercise did you spend the most time doing during the past month? (54-55)

Activity (specify): \_\_\_\_\_ — —  
See coding list A

Refused Go to Q18 (p. 12) 9 9

Ask Q15 only if answer to Q14 is running, jogging, walking, or swimming.  
All others, go to Q16.

15. How far did you usually walk/run/jog/swim? (56-58)

See coding Miles and tenths	—	—	—
list B if			
response is Don't know/Not sure	7	7	7
not in miles			
and tenths Refused	9	9	9

16. How many times per week or per month did you take part in this activity during the past month? (59-61)

- |                     |   |   |   |
|---------------------|---|---|---|
| a. Times per week   | 1 | — | — |
| b. Times per month  | 2 | — | — |
| Don't know/Not sure | 7 | 7 | 7 |

Refused

9 9 9

17. And when you took part in this activity, for how many minutes or hours  
did you usually keep at it? (62-64)

Hours and minutes	__	:	__	__
Don't know/Not sure	7	7	7	
Refused	9	9	9	

18. Was there another physical activity or exercise that you participated  
in during the last month? (65)

a. Yes	1
b. No <b>Go to Q23 (p. 14)</b>	2
Don't know/Not sure <b>Go to Q23 (p. 14)</b>	7
Refused <b>Go to Q23 (p. 14)</b>	9

19. What other type of physical activity gave you the next most exercise  
during the past month? (66-67)

Activity (specify): _____	__	__
<b>See coding list A</b>		
Refused <b>Go to Q23 (p. 14)</b>	9	9

**Ask Q20 only if answer to Q19 is running, jogging, walking, or swimming.  
All others go to Q21 (p. 13).**

20. How far did you usually walk/run/jog/swim? (68-70)

<b>See coding list B if</b>	Miles and tenths	__	__	__
<b>response is</b>				
<b>not in</b>	Don't know/Not sure	7	7	7
<b>miles and</b>				
<b>tenths</b>	Refused	9	9	9

21. How many times per week or per month did you take part in this activity? (71-73)

a. Times per week	1	—	—
b. Times per month	2	—	—
Don't know/Not sure	7	7	7
Refused	9	9	9

22. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (74-76)

Hours and minutes	—	:	—	—
Don't know/Not sure	7	7	7	
Refused	9	9	9	

**Activity List for Common Leisure Activities**  
**Coding List A**

**Code Description**

01. Aerobics class	28. Racketball
02. Backpacking	29. Raking lawn
03. Badminton	30. Running
04. Basketball	31. Rope skipping
05. Bicycling for pleasure	32. Scuba diving
06. Boating (canoeing, rowing, sailing for pleasure or camping)	33. Skating - ice or roller
07. Bowling	34. Sledding, tobogganing
08. Boxing	35. Snorkeling
09. Calisthenics	36. Snowshoeing
10. Canoeing/rowing - in competition	37. Snow shoveling by hand
11. Carpentry	38. Snow blowing
12. Dancing-aerobics/ballet	39. Snow skiing
13. Fishing from river bank or boat	40. Soccer
14. Gardening (spading, weeding, digging, filling)	41. Softball
15. Golf	42. Squash
16. Handball	43. Stair climbing
17. Health club exercise	44. Stream fishing in waders
18. Hiking - cross-country	45. Surfing
19. Home exercise	46. Swimming laps
20. Horseback riding	47. Table tennis
21. Hunting large game - deer,	48. Tennis
22. Jogging	49. Touch football
23. Judo/karate	50. Volleyball
24. Mountain climbing	51. Walking
25. Mowing lawn	52. Waterskiing
26. Paddleball	53. Weight lifting                elk
27. Painting/papering house	54. Other_____
	55. Bicycling machine exercise
	56. Rowing machine exercise

**Coding List B****Lap Swimming**

**Size pool/Laps**  
**(1 lap = 2 lengths)**

50 ft. pool  
5 laps (10 lengths) = .1 mile

100 ft. pool  
2½ laps (5 lengths) = .1 mile

50 meter pool  
1½ laps (3 lengths) = .1 mile

**Running/Jogging/Walking**

1/2 mile = .5 mile  
1/4 mile = .3 mile  
1/8 mile = .1 mile  
1 block = .1 mile

## Section 5: Tobacco Use

23. Have you smoked at least 100 cigarettes in your entire life?  
(77)

5 packs  
= 100  
cigarettes

- |                                       |   |
|---------------------------------------|---|
| a. Yes                                | 1 |
| b. No Go to Q28 (p. 16)               | 2 |
| Don't know/Not sure Go to Q28 (p. 16) | 7 |
| Refused Go to Q28 (p. 16)             | 9 |

24. Do you now smoke cigarettes everyday, some days, or not at all?  
(78)

- |                                 |   |
|---------------------------------|---|
| a. Everyday                     | 1 |
| b. Some days Go to Q25a         | 2 |
| c. Not at all Go to Q27 (p. 15) | 3 |
| Refused Go to Q28 (p. 16)       | 9 |

25. On the average, about how many cigarettes a day do you now smoke?  
(79-80)

1 pack = 20  
cigarettes

- |   |     |
|---|-----|
| Number of cigarettes [76 = 76 or more]<br>Go to Q26 (p. 15) | — — |
| Don't know/Not sure Go to Q26 (p. 15)                       | 7 7 |
| Refused Go to Q26 (p. 15)                                   | 9 9 |

25a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?  
(81-82)

1 pack = 20  
cigarettes

- |   |     |
|---|-----|
| Number of cigarettes [76 = 76 or more]<br>Go to Q28 (p. 16) | — — |
| Don't know/Not sure Go to Q28 (p. 16)                       | 7 7 |
| Refused Go to Q28 (p. 16)                                   | 9 9 |

26. During the past 12 months, have you quit smoking for 1 day or

longer? (83)

a. Yes Go to Q28 (p. 16) 1

b. No Go to Q28 (p. 16) 2

Don't know/Not sure Go to Q28 (p. 16) 7

Refused Go to Q28 (p. 16) 9

27. About how long has it been since you last smoked cigarettes  
regularly, that is, daily? (84-85)

Time code — —

**Read Only if Necessary**

a. Within the past month (0 to 1 month ago) 0 1

b. Within the past 3 months (1 to 3 months ago) 0 2

c. Within the past 6 months (3 to 6 months ago) 0 3

d. Within the past year (6 to 12 months ago) 0 4

e. Within the past 5 years (1 to 5 years ago) 0 5

f. Within the past 15 years (5 to 15 years ago) 0 6

g. 15 or more years ago 0 7

Don't know/Not sure 7 7

Never smoked regularly 8 8

Refused 9 9

28. Have you ever smoked a cigar, even just a few puffs? (86)

cigar = a. Yes 1

large cigar

cigarillo,

or small cigar

b. No Go to Section 6: Fruits and Vegetables  
(p. 18) 2

Don't know/Not sure Go to Section 6: Fruits  
and Vegetables (p. 18) 7

Refused Go to Section 6: Fruits and Vegetables



(p. 18) 9

29. When was the last time you smoked a cigar? (87-88)

Time code — —

**Read Only if Necessary**

a. Within the past month (0 to 1 month ago) 0 1

b. Within the past 3 months (1 to 3 months ago)

**Go to Section 6: Fruits and Vegetables**  
(p. 18) 0 2

c. Within the past 6 months (3 to 6 months ago)

**Go to Section 6: Fruits and Vegetables**  
(p. 18) 0 3

d. Within the past year (6 to 12 months ago)

**Go to Section 6: Fruits and Vegetables**  
(p. 18) 0 4

e. Within the past 5 years (1-5 years ago)

**Go to Section 6: Fruits and Vegetables**  
(p. 18) 0 5

f. Within the past 15 years (5-15 years ago)

**Go to Section 6: Fruits and Vegetables**  
(p. 18) 0 6

g. 15 or more years ago **Go to Section 6: Fruits**  
**and Vegetables (p. 18)** 0 7

Don't know/not sure **Go to Section 6: Fruits**  
**and Vegetables (p. 18)** 7 7

Refused **Go to Section 6: Fruits and Vegetables**  
(p. 18) 9 9

30. In the past month, did you smoke cigars: (89)

**Please Read**

a. Everyday 1

b. Several times per week 2

c. Once per week 3  
**or**

<b>Do not read these responses</b>	d. Less than once per week	4
	Don't know/Not sure	7
	Refused	9

## Section 6: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

31. How often do you drink fruit juices such as orange, grapefruit, or tomato? (90-92)

- |                     |   |   |   |
|---------------------|---|---|---|
| a. Per day          | 1 | — | — |
| b. Per week         | 2 | — | — |
| c. Per month        | 3 | — | — |
| d. Per year         | 4 | — | — |
| e. Never            | 5 | 5 | 5 |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused             | 9 | 9 | 9 |

32. Not counting juice, how often do you eat fruit? (93-95)

- |                     |   |   |   |
|---------------------|---|---|---|
| a. Per day          | 1 | — | — |
| b. Per week         | 2 | — | — |
| c. Per month        | 3 | — | — |
| d. Per year         | 4 | — | — |
| e. Never            | 5 | 5 | 5 |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused             | 9 | 9 | 9 |

33. How often do you eat green salad? (96-98)

- |             |   |   |   |
|-------------|---|---|---|
| a. Per day  | 1 | — | — |
| b. Per week | 2 | — | — |

c. Per month	3	—	—
d. Per year	4	—	—
e. Never	5	5	5
Don't know/Not sure	7	7	7
Refused	9	9	9

34. How often do you eat potatoes not including french fries, fried potatoes, or potato chips? (99-101)

a. Per day	1	—	—
b. Per week	2	—	—
c. Per month	3	—	—
d. Per year	4	—	—
e. Never	5	5	5
Don't know/Not sure	7	7	7
Refused	9	9	9

35. How often do you eat carrots? (102-104)

a. Per day	1	—	—
b. Per week	2	—	—
c. Per month	3	—	—
d. Per year	4	—	—
e. Never	5	5	5
Don't know/Not sure	7	7	7
Refused	9	9	9

36. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (105-107)

**Example:** a. Per day 1 — —

A serving of  
vegetables at  
both lunch  
and dinner  
would be two  
servings

b.	Per week	2	—	—
c.	Per month	3	—	—
d.	Per year	4	—	—
e.	Never	5	5	5
	Don't know/Not sure	7	7	7
	Refused	9	9	9

## Section 7: Weight Control

37. Are you now trying to lose weight? (108)

a. Yes **Go to Q39** 1

b. No 2

Don't know/Not sure 7

Refused 9

38. Are you now trying to maintain your current weight, that is to keep from gaining weight? (109)

a. Yes 1

b. No **Go to Q41 (p. 22)** 2

Don't know/Not sure **Go to Q41 (p. 22)** 7

Refused **Go to Q41 (p. 22)** 9

39. Are you eating either fewer calories or less fat to...

lose weight? [**if "Yes" on Q37**]

keep from gaining weight? [**if "Yes" on Q38**] (110)

**Probe** a. Yes, fewer calories 1

**for** b. Yes, less fat 2

**which** c. Yes, fewer calories and less fat 3

d. No 4

Don't know/Not sure 7

Refused 9

40. Are you using physical activity or exercise to...

lose weight? [**if "Yes" on Q37**]

keep from gaining weight? [**if "Yes" on Q38**] (111)

- |    |                     |   |
|----|---------------------|---|
| a. | Yes                 | 1 |
| b. | No                  | 2 |
|    | Don't know/Not sure | 7 |
|    | Refused             | 9 |

41. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight? (112)

- |                                |    |                              |   |
|--------------------------------|----|------------------------------|---|
| <b>Probe<br/>for<br/>which</b> | a. | Yes, lose weight             | 1 |
|                                | b. | Yes, gain weight             | 2 |
|                                | c. | Yes, maintain current weight | 3 |
|                                | d. | No                           | 4 |
|                                |    | Don't know/Not sure          | 7 |
|                                |    | Refused                      | 9 |

42. In the past two years, have you taken any weight loss pills prescribed by a doctor? Do not include water pills or thyroid medications. (113)

**Include only  
pills taken  
for the pri-  
mary purpose  
of losing  
weight**

- |                                |    |   |   |
|--------------------------------|----|---|---|
| <b>Probe<br/>for<br/>which</b> | a. | Yes, I am currently taking them                           | 1 |
|                                | b. | Yes, I have taken them but I am not currently taking them | 2 |
|                                | c. | No, I have not taken them <b>Go to Q44 (p. 24)</b>        | 3 |
|                                |    | Don't know/Not sure <b>Go to Q44 (p. 24)</b>              | 7 |
|                                |    | Refused <b>Go to Q44 (p. 24)</b>                          | 9 |

43. How much did you weigh just before you started taking prescription weight loss pills for the first time? (114-116)

Round  
fractions  
up

Weight

— — —  
pounds

Don't know/Not sure

7 7 7

Refused

9 9 9



**Section 8: Demographics**

44. What is your age? (117-118)

Code age in years — —

Don't know/Not sure 0 7

Refused 0 9

45. What is your race? (119)

Would you say: **Please Read**

a. White 1

b. Black 2

c. Asian, Pacific Islander 3

d. American Indian, Alaska Native 4

**or**

e. Other: (specify)\_\_\_\_\_ 5

**Do not** Don't know/Not sure 7

**read these**

**responses** Refused 9

46. Are you of Spanish or Hispanic origin? (120)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

47. Are you: (121)

**Please Read**

a. Married 1

b. Divorced 2

- |                                    |   |
|------------------------------------|---|
| c. Widowed                         | 3 |
| d. Separated                       | 4 |
| e. Never been married              | 5 |
| <b>or</b>                          |   |
| f. A member of an unmarried couple | 6 |
| Refused                            | 9 |

48. How many children live in your household who are...

**Please Read**

- |  |                             |           |
|--|-----------------------------|-----------|
| <b>Code 1-9</b><br><b>7 = 7 or more</b><br><b>8 = None</b><br><b>9 = Refused</b> | a. less than 5 years old?   | ___ (122) |
|  | b. 5 through 12 years old?  | ___ (123) |
|  | c. 13 through 17 years old? | ___ (124) |

49. What is the highest grade or year of school you completed?  
(125)

**Read Only if Necessary**

- |   |   |
|---|---|
| a. Never attended school or only kindergarten                   | 1 |
| b. Grades 1 through 8 (Elementary)                              | 2 |
| c. Grades 9 through 11 (Some high school)                       | 3 |
| d. Grade 12 or GED (High school graduate)                       | 4 |
| e. College 1 year to 3 years (Some college or technical school) | 5 |
| f. College 4 years or more (College graduate)                   | 6 |
| Refused   | 9 |

50. Are you currently: (126)

**Please Read**

- |                                     |   |
|-------------------------------------|---|
| a. Employed for wages               | 1 |
| b. Self-employed                    | 2 |
| c. Out of work for more than 1 year | 3 |

- |                                     |   |
|-------------------------------------|---|
| d. Out of work for less than 1 year | 4 |
| e. Homemaker                        | 5 |
| f. Student                          | 6 |
| g. Retired                          | 7 |
| or                                  |   |
| h. Unable to work                   | 8 |
| Refused                             | 9 |

51. Is your annual household income from all sources: (127-128)

**Read as Appropriate**

- |  |  |     |
|--|--|-----|
| <b>If res-<br/>pondent<br/>refuses<br/>at any<br/>income<br/>level,<br/>code<br/>refused</b> | a. Less than \$25,000 If "no," ask e; if "yes," ask b<br>(\$20,000 to less than \$25,000)  | 0 4 |
|  | b. Less than \$20,000 If "no," code a; if "yes," ask c<br>(\$15,000 to less than \$20,000) | 0 3 |
|  | c. Less than \$15,000 If "no," code b; if "yes," ask d<br>(\$10,000 to less than \$15,000) | 0 2 |
|  | d. Less than \$10,000 If "no," code c  | 0 1 |
|  | e. Less than \$35,000 If "no," ask f<br>(\$25,000 to less than \$35,000)                   | 0 5 |
|  | f. Less than \$50,000 If "no," ask g<br>(\$35,000 to less than \$50,000)                   | 0 6 |
|  | g. Less than \$75,000 If "no," code h<br>(\$50,000 to \$75,000)                            | 0 7 |
|  | h. \$75,000 or more  | 0 8 |
| <b>Do not<br/>read these<br/>responses</b>   | Don't know/Not sure  | 7 7 |
|  | Refused  | 9 9 |

52. About how much do you weigh without shoes? (129-131)

<b>Round fractions up</b>	<b>Weight</b>	<b>— — — pounds</b>
-----------------------------------	---------------	-------------------------

Don't know/Not sure 7 7 7

Refused 9 9 9

53. How much would you like to weigh? (132-134)

Weight                 
pounds

Don't know/Not sure 7 7 7

Refused 9 9 9

54. About how tall are you without shoes? (135-137)

**Round** Height     /           
**fractions** ft/inches  
**down**

Don't know/Not sure 7 7 7

Refused 9 9 9

State Module 5: City/Town

55.TOWN What city or town do you live in? (533-535)

01	Barrington	15	Jamestown	29	Richmond
02	Bristol	16	Johnston	30	Scituate
03	Burrillville	17	Lincoln	31	Smithfield
04	Central Falls	18	Little Compton	32	South
	Kingston				
05	Charlestown	19	Middletown	33	Tivertown
06	Coventry	20	Narragansett	34	Warren
07	Cranston	21	Newport	35	Warwick
08	Cumberland	22	New Shoreham	36	Westerly
09	East Greenwich	23	North Kingstown	37	West
	Greenwich				
10	East Providence	24	North Providence	38	West
	Warwick				
11	Exeter	25	North Smithfield	39	Woonsocket
12	Foster	26	Pawtucket	97	Other
	(Specify)				

13	Glocester	27	Portsmouth	77	Don't Know
14	Hopkington	28	Providence	99	Refused

(Q55 is skipped for Rhode Island: County is auto-coded in processing on town and found in columns 138-140)

56. Do you have more than one telephone number in your household?

141)

- |                                  |   |
|----------------------------------|---|
| a. Yes                           | 1 |
| b. No <b>Go to Q58 (p. 28)</b>   | 2 |
| Refused <b>Go to Q58 (p. 28)</b> | 9 |

57. How many residential telephone numbers do you have?  
(142)

<b>Exclude dedicated fax and computer lines</b>	Total telephone numbers [8 = 8 or more] _	
	Refused	9

58. Indicate sex of respondent.   **Ask Only if Necessary**(143)

- |  |   |
|--|---|
| Male <b>Go to Section 10: HIV/AIDS (p. 33)</b> | 1 |
| Female   | 2 |

Now I have some questions about other health services you may have received.

## Section 9: Women's Health

59. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?  
(144)

- |  |   |
|--|---|
| a. Yes                                       | 1 |
| b. No <b>Go to Q62 (p. 30)</b>               | 2 |
| Don't know/Not sure <b>Go to Q62 (p. 30)</b> | 7 |
| Refused <b>Go to Q62 (p. 30)</b>             | 9 |

60. How long has it been since you had your last mammogram?  
(145)

### **Read only if Necessary**

- |  |   |
|--|---|
| a. Within the past year    (1 to 12 months ago)  | 1 |
| b. Within the past 2 years    (1 to 2 years ago) | 2 |
| c. Within the past 3 years    (2 to 3 years ago) | 3 |
| d. Within the past 5 years    (3 to 5 years ago) | 4 |
| e. 5 or more years ago                           | 5 |
| Don't know/Not sure                              | 7 |
| Refused  | 9 |

61. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?

(146)

- |                                     |   |
|-------------------------------------|---|
| a. Routine checkup                  | 1 |
| b. Breast problem other than cancer | 2 |
| c. Had breast cancer                | 3 |
| Don't know/Not sure                 | 7 |
| Refused                             | 9 |

62. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?

(147)

- |  |   |
|--|---|
| a. Yes                                       | 1 |
| b. No <b>Go to Q65 (p. 31)</b>               | 2 |
| Don't know/Not sure <b>Go to Q65 (p. 31)</b> | 7 |
| Refused <b>Go to Q65 (p. 31)</b>             | 9 |

63. How long has it been since your last breast exam?

(148)

**Read Only if Necessary**

- |   |   |
|---|---|
| a. Within the past year (1 to 12 months ago)  | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 3 years (2 to 3 years ago) | 3 |
| d. Within the past 5 years (3 to 5 years ago) | 4 |
| e. 5 or more years ago                        | 5 |
| Don't know/Not sure                           | 7 |
| Refused                                       | 9 |



64. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?

(149)

- |                                     |   |
|-------------------------------------|---|
| a. Routine Checkup                  | 1 |
| b. Breast problem other than cancer | 2 |
| c. Had breast cancer                | 3 |
| Don't know/Not sure                 | 7 |
| Refused                             | 9 |

65. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?

(150)

- |  |   |
|--|---|
| a. Yes                                       | 1 |
| b. No <b>Go to Q68 (p. 32)</b>               | 2 |
| Don't know/Not sure <b>Go to Q68 (p. 32)</b> | 7 |
| Refused <b>Go to Q68 (p. 32)</b>             | 9 |

66. How long has it been since you had your last Pap smear?

(15

1)

**Read Only if Necessary**

- |   |   |
|---|---|
| a. Within the past year (1 to 12 months ago)  | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 3 years (2 to 3 years ago) | 3 |
| d. Within the past 5 years (3 to 5 years ago) | 4 |

- |                        |   |
|------------------------|---|
| e. 5 or more years ago | 5 |
| Don't know/Not sure    | 7 |
| Refused                | 9 |

67. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem?  
(152)

- |                                      |   |
|--------------------------------------|---|
| a. Routine exam                      | 1 |
| b. Check current or previous problem | 2 |
| Other                                | 3 |
| Don't know/Not sure                  | 7 |
| Refused                              | 9 |

68. Have you had a hysterectomy?  
(153)

**A hysterectomy is an operation to remove the uterus (womb)**

- |  |   |
|--|---|
| a. Yes <b>Go to Section 10: HIV/AIDS (p. 33)</b> | 1 |
| b. No  | 2 |
| Don't know/Not sure                              | 7 |
| Refused  | 9 |

**If respondent 45 years old or older, go to Section 10: HIV/AIDS (p. 33).**

69. To your knowledge, are you now pregnant?  
(154)

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

## Section 10: HIV/AIDS

If respondent is 65 years old or older, go to Transition to Modules.

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

70. If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS?

(155-156)

Code 01 through 12	a. Grade	—	—
	b. Kindergarten	5	5
	c. Never	8	8
	Don't know/Not sure	7	7
	Refused	9	9

71. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (157)

a. Yes	1
b. No	2
Would give other advice	3
Don't know/Not sure	7
Refused	9

72. What are your chances of getting infected with HIV, the virus that causes AIDS? (158)

Would you say: **Please Read**

- a. High 1
- b. Medium 2
- c. Low 3
- or**
- d. None 4
- Not applicable **Go to Q76a (p. 35)** 5
- Don't know/Not sure 7
- Refused 9

**Do not  
read these  
responses**

73. Have you donated blood since March 1985? (159)

- a. Yes 1
- b. No **Go to Q75a (p. 35)** 2
- Don't know/Not sure **Go to Q75a (p. 35)** 7
- Refused **Go to Q75a (p. 35)** 9

74. Have you donated blood in the past 12 months? (160)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

75. Except for tests you may have had as part of blood donations, have you ever been tested for HIV? (161)

- Include  
saliva  
tests** a. Yes **Go to Q76 (p. 35)** 1
- b. No **Go to Transition to Modules** 2

Don't know/Not sure	Go to Transition	7
Refused	Go to Transition to Modules	9

75a. Have you ever been tested for HIV? (162)

<b>Include saliva tests</b>	a. Yes	Go to Q76a	1
	b. No	Go to Transition to Modules	2
	Don't know/Not sure	Go to Transition	7
	Refused	Go to Transition to Modules	9

76. Not including your blood donations, have you been tested for HIV in the past 12 months (163)

<b>Include saliva tests</b>	a. Yes	Go to Q77 (p. 36)	1
	b. No	Go to Transition to Modules	2
	Don't know/Not sure	Go to Transition	7
	Refused	Go to Transition to Modules	9

76a. Have you been tested for HIV in the past 12 months? (164)

<b>Include saliva tests</b>	a. Yes		1
	b. No	Go to Transition to Modules	2
	Don't know/Not sure	Go to Transition	7
	Refused	Go to Transition to Modules	9

77. What was the main reason you had your last test for HIV?

(165-166)

Reason code

— —

**Read Only if Necessary**

a. For hospitalization or surgical procedure	0 1
b. To apply for health insurance	0 2
c. To apply for life insurance	0 3
d. For employment	0 4
e. To apply for a marriage license	0 5
f. For military induction or military service	0 6
g. For immigration	0 7
h. Just to find out if you were infected	0 8
i. Because of referral by a doctor	0 9
j. Because of pregnancy	1 0
k. Referred by your sex partner	1 1
l. Because it was part of a blood donation process	
<b>Go to Transition to Modules</b>	1 2
m. For routine check-up	1 3
n. Because of occupational exposure	1 4
o. Because of illness	1 5
p. Because I am at risk for HIV	1 6
q. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

78. Where did you have your last test for HIV?	(167-168)
Facility Code	— —
<b>Read Only if Necessary</b>	
a. Private doctor, HMO	0 1
b. Blood bank, plasma center, Red Cross	0 2
c. Health department	0 3
d. AIDS clinic, counseling, testing site	0 4
e. Hospital, emergency room, outpatient clinic	0 5
f. Family planning clinic	0 6
g. Prenatal clinic, obstetrician's office	0 7
h. Tuberculosis clinic	0 8
i. STD clinic	0 9
j. Community health clinic	1 0
k. Clinic run by employer	1 1
l. Insurance company clinic	1 2
m. Other public clinic	1 3
n. Drug treatment facility	1 4
o. Military induction or military service site	1 5
p. Immigration site	1 6
q. At home, home visit by nurse or health worker	1 7
r. At home using self-sampling kit	1 8
s. In jail or prison	1 9
t. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

79. Did you receive the results of your last test?	(169)
a. Yes	1
b. No <b>Go to Transition to Modules</b>	2
Don't know/Not sure <b>Go to Transition</b>	7
Refused <b>Go to Transition to Modules</b>	9
80. Did you receive counseling or talk with a health care professional about the results of your test?	(170)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

#### **Transition to Modules and/or State-added Questions**

Finally, I have just a few questions left about some other health topics.



## State Module 1: Disabilities

The next two questions are about your support needs and life satisfaction.

DIS\_1. How often do you get the social and emotional support you need? (510)

Would you say: **Please Read**

- |              |   |
|--------------|---|
| a. Always    | 1 |
| b. Usually   | 2 |
| c. Sometimes | 3 |
| d. Rarely    | 4 |
| e. Never     | 5 |

### Do not read these responses

- |                       |   |
|-----------------------|---|
| Don't know / Not sure | 7 |
| Refused               | 9 |

DIS\_2. In general, how satisfied are you with your life? (511)

Would you say: **Please Read**

- |                      |   |
|----------------------|---|
| a. Very satisfied    | 1 |
| b. Satisfied         | 2 |
| c. Dissatisfied      | 3 |
| d. Very dissatisfied | 4 |

### Do not read these responses

- |                       |   |
|-----------------------|---|
| Don't know / Not sure | 7 |
| Refused               | 9 |

"These next questions are about limitations you may have in your daily life."

DIS\_3. Are you limited in the kind or amount of work you can do because of any impairment or health problem? (512)

- |        |   |
|--------|---|
| a. Yes | 1 |
|--------|---|

b.	No	2
	Don't know / Not sure	7
	Refused	9
DIS_4.	Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating? (513)	
a.	Yes	1
b.	No	2
	Don't know / Not sure	7
	Refused	9
DIS_5.	If you use special equipment or help from others to get around, what type do you use? (514-519)	
	<b>Code up to three responses</b>	
a.	No special equipment or help used <b>Go to DIS_7</b>	01
b.	Other people	02
c.	Cane or walking stick	03
d.	Walker	04
e.	Crutch or crutches	05
f.	Manual wheelchair	06
g.	Motorized wheelchair	07
h.	Electric mobility scooter	08
I.	Artificial leg	09
j.	Brace	10
k.	Service animal[ i.e., guide dog or other animal specifically trained to provide assistance]	11
l.	Oxygen / special breathing equipment	12
m.	Other (specify): _____	13
	Don't know / Not sure	77

	Refused	99
DIS_6.	Using special equipment or help, what is the farthest distance that you can go? [Please Read] (520)	
a.	Across a small room	1
b.	About the length of a typical house	2
c.	About one or two city blocks	3
d.	About one mile	4
e.	More than one mile	5
	Don't know / Not sure	7
	Refused	9
DIS_7.	What is the farthest distance you can walk by yourself, without any special equipment or help from others? (521) [Please Read]	
a.	Not any distance	1
b.	Across a small room	2
c.	About the length of a typical house	3
d.	About one or two city blocks	4
e.	About one mile	5
f.	More than one mile	6
	Don't know / Not sure	7
	Refused	9

**CDC Module: Quality of Life**

DIS\_8/Mod16\_1.Are you limited in any way in any activities because of any impairment or health problem? (301)

- |    |   |   |
|----|---|---|
| a. | Yes   | 1 |
| b. | No    If "yes" to Q3 or Q4 or "b-m" on Q5 continue. Otherwise, go to Q13. | 2 |

Don't know / Not sure If "yes" to Q3 or Q4 or "b-m" on  
Q5 continue. Otherwise, go to Q13. 7

Refused If "yes" to Q3 or Q4 or "b-m" on  
Q5 continue. Otherwise, go to Q13. 9

DIS\_9/Mod16\_2.What is the MAJOR impairment or health problem that  
limits your activities? (302-303)

If respondent says "I'm not limited," say "I'm referring to the  
impairment you indicated on an earlier question."

. Arthritis / rheumatism	01
b. Back or neck problem	02
c. Fractures, bone / joint injury	03
d. Walking problem	04
e. Lung / breathing problem	05
f. Hearing problem	06
g. Eye / vision problem	07
h. Heart problem	08
i. Stroke problem	09
j. Hypertension / high blood pressure	10
k. Diabetes	11
l. Cancer	12
m. Depression / anxiety / emotional problem	13
n. Other impairment/problem	14
Don't know / Not sure	21
Refused	22

DIS\_10/Mod16\_3.For HOW LONG have your activities been limited because  
of your major impairment or health problem? (304-306)

"Do not read. Code using respondent's unit of time."

a. Days 1 \_ \_

b. Weeks	2 _ _
c. Months	3 _ _
d. Years	4 _ _
Don't know / Not sure	7 7 7
Refused	9 9 9

DIS\_11/Mod16\_4. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (307)

a. Yes	1
b. No	2
Don't know / Not sure	7
Refused	9

DIS\_12/Mod16\_5. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (308)

a. Yes	1
b. No	2
Don't know / Not sure	7
Refused	9

DIS\_13/Mod16\_6. During the past 30 days, for about how many days did PAIN make it hard for you to do your usual activities, such as self-care, work, or recreation? (309-310)

a. Number of days	_ _
b. None	8 8
Don't know / Not sure	7 7
Refused	9 9

DIS\_14/Mod16\_7.During the past 30 days, for about how many days have you felt SAD, BLUE, or DEPRESSED? (311-312)

a. Number of days	— —
b. None	8 8
Don't know / Not sure	7 7
Refused	9 9

DIS\_15/Mod16\_8.During the past 30 days, for about how many days have you felt WORRIED, TENSE, or ANXIOUS? (313-314)

a. Number of days	— —
b. None	8 8
Don't know / Not sure	7 7
Refused	9 9

DIS\_16/Mod16\_9.During the past 30 days, for about how many days have you felt that you did not get ENOUGH REST or SLEEP? (315-316)

a. Number of days	— —
b. None	8 8
Don't know / Not sure	7 7
Refused	9 9

DIS\_17/Mod16\_10.During the past 30 days, for about how many days have you felt VERY HEALTHY and FULL OF ENERGY? (317-318)

a. Number of days	— —
b. None	8 8
Don't know / Not sure	7 7
Refused	9 9

[IF RESPONDENT ANSWERED "NO" TO DIS\_3, "NO" TO DIS\_4, "A" TO DIS\_5, AND "NO" TO DIS\_8 THEN ASK DIS\_23, DIS\_24,DIS\_25, AND DIS\_26; OTHERWISE SKIP TO DIS\_18]

DIS\_23. Would you say that you have a disability or a health

condition lasting more than 12 months? (399)

- |   |   |
|---|---|
| a. Yes                                  | 1 |
| b. No <b>Go to DIS_18</b>               | 2 |
| Don't know/Not sure <b>Go to DIS_18</b> | 7 |
| Refused <b>Go to DIS_18</b>             | 9 |

DIS\_24. What is the disability or health condition lasting more than 12 months? (483-484)

- |   |    |
|---|----|
| a. Arthritis / rheumatism                   | 01 |
| b. Back or neck problem                     | 02 |
| c. Fractures, bone / joint injury           | 03 |
| d. Walking problem                          | 04 |
| e. Lung / breathing problem                 | 05 |
| f. Hearing problem                          | 06 |
| g. Eye / vision problem                     | 07 |
| h. Heart problem                            | 08 |
| i. Stroke problem                           | 09 |
| j. Hypertension / high blood pressure       | 10 |
| k. Diabetes                                 | 11 |
| l. Cancer                                   | 12 |
| m. Depression / anxiety / emotional problem | 13 |
| n. Other impairment/problem                 | 14 |
| Don't know / Not sure                       | 21 |
| Refused                                     | 22 |

DIS\_25. Because of this disability or health condition, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (485)

- |                       |   |
|-----------------------|---|
| a. Yes                | 1 |
| b. No                 | 2 |
| Don't know / Not sure | 7 |
| Refused               | 9 |

DIS\_26. Because of this disability or health condition, do you need the help of other persons in handling your ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (486)

- |                       |   |
|-----------------------|---|
| a. Yes                | 1 |
| b. No                 | 2 |
| Don't know / Not sure | 7 |
| Refused               | 9 |

**State Module: Disabilities (continued)**

[If children all refuse, continue] [If adults = 1 and core Q.48a,B,C are all none, go to Q.23]

DIS\_18. [If household size > 1 person]

Is there anyone [Read: "else" if answer in "yes" to Q3, Q4 or Q8 or b-m to Q5] in your household who is LIMITED in any way in any activities because of any impairment or health problem? (522)

- |                                   |   |
|-----------------------------------|---|
| a. Yes                            | 1 |
| b. No [Go to #23]                 | 2 |
| Don't know / Not sure [Go to #23] | 7 |
| Refused [Go to #23]               | 9 |

DIS\_19. How old are these people? (523-532)

- a. Specify ages

---



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DIS\_20. Because of any impairment or health problem, does anyone in the household have any trouble hearing what is said in a normal conversation? (396)

a. Yes	1
b. No	2
Don't know/ Not sure	7
Refused	9

DIS\_21. Because of any impairment or health problem, does anyone in the household have any difficulty communicating so that people outside the family understand? (397)

a. Yes	1
b. No	2
Don't know / Not sure	7
Refused	9

DIS\_22. Because of any impairment or health problem, does anyone in the household have any trouble seeing letters in ordinary newspaper print? (398)

a. Yes	1
b. No	2
Don't know / Not sure	7
Refused	9

**State Module 2: Diabetes II**

[Ask this module if Q.2 in core <> 1.]

Now I will ask you a few additional questions about diabetes. Please tell me whether you agree or disagree with each of the following statements:

1. In some people, diabetes may lead to an early death. (400)

Agree	1
Disagree	2
Don't Know	7
Refused	9

2. In some people, diabetes may lead to serious complications, such as amputation of a toe, foot or leg. (401)

Agree	1
Disagree {GO TO Q3}	2
Don't Know {GO TO Q3}	7
Refused {GO TO Q3}	9

**{Ask (2a) only if they agree to previous question.}**

- 2a. It's possible to lessen or prevent complications of diabetes with early diagnosis and proper care. (402)

Agree	1
Disagree	2
Don't Know	7
Refused	9

3. The more sugar a person eats, the more likely he or she is to get diabetes. (403)

Agree	1
Disagree	2

- |            |   |
|------------|---|
| Don't Know | 7 |
| Refused    | 9 |
4. People who have an African American or Hispanic background are more likely to get diabetes than are people of other ancestries. (404)
- |            |   |
|------------|---|
| Agree      | 1 |
| Disagree   | 2 |
| Don't Know | 7 |
| Refused    | 9 |
5. People who have a blood relative with diabetes are more likely to get diabetes than are people who don't have a blood relative with diabetes. (405)
- |            |   |
|------------|---|
| Agree      | 1 |
| Disagree   | 2 |
| Don't Know | 7 |
| Refused    | 9 |
6. Excessive thirst and frequent urination can be a sign of having diabetes. (406)
- |            |   |
|------------|---|
| Agree      | 1 |
| Disagree   | 2 |
| Don't Know | 7 |
| Refused    | 9 |
7. A fever can be a sign of having diabetes. (407)
- |            |   |
|------------|---|
| Agree      | 1 |
| Disagree   | 2 |
| Don't Know | 7 |
| Refused    | 9 |
8. Blurry vision can be a sign of having diabetes. (408)

Agree	1
Disagree	2
Don't Know	7
Refused	9

Please answer yes, no or don't know, if any of the following statements apply to you:

9. I have been tested at least once by a blood test to see if I have diabetes. (409)

[INTERVIEWER: If "Yes" and female, ask "Were you only tested for diabetes while you were pregnant?"]

Yes	1
Yes, female only tested by blood test during pregnancy	2
No	3
Don't Know	7
Refused	9

10. I get little or no exercise during a usual day. (410)

Yes	1
No	2
Don't know	7
Refused	9

11. Among blood relatives, my mother, father, sister, or brother has or had diabetes. (411)

Yes	1
No	2
Don't know	7
Refused	9

{IF MALE GO TO NEXT SECTION}  
{**Women only:**}

12. I delivered a baby that weighed more than 9 pounds at birth. (412)

(INTERVIEWER: 9 pounds = 4.1 kilograms)

Yes	1
No	2
Don't know	7
Refused	9

### State Module 3: Estrogen replacement and Osteoporosis

#### I. Estrogen Replacement [If respondent is male, or female under age 45 or female and pregnant, go to section II.]

The next few questions are about menopause, sometimes called the "change of life."

1. Have you gone through or are you going through menopause? (413)
  - a. Yes, have gone through menopause 1
  - b. Yes, now going through menopause 2
  - c. No (Go to next module) 3
  - d. Don't know / Not sure (Go to next module) 7
  - e. Refused (Go to next module) 9
2. Estrogens such as Premarin and progestins such as Provera are female hormones that may be prescribed around the time of menopause, after menopause, or after a hysterectomy. Has your doctor or health care provider discussed the benefits and risks of estrogen with you? (414)
  - a. Yes 1
  - b. No 2
  - c. Don't know / Not sure 7
  - d. Refused 9
3. Are you currently taking estrogen? (415)
  - a. Yes 1
  - b. No 2
  - c. Don't know / Not sure 7
  - d. Refused 9

#### II. Osteoporosis

The next few questions are about osteoporosis, a thinning of the bones which may cause them to break, especially later in life.

1. Has your doctor or health care provider discussed the risk of osteoporosis with you? (416)
  - a. Yes 1
  - b. No 2
  - c. Don't know / Not sure 7
  - d. Refused 9
  
2. Has your doctor or health care provider recommended that you take extra calcium and vitamin D to supplement your diet? (417)
  - a. Yes 1
  - b. No 2
  - c. Don't know / Not sure 7
  - d. Refused 9
  
3. Medicines such as calcitonin and fosamax may be prescribed to prevent or to treat osteoporosis. Calcitonin usually comes as a nasal spray, and may be taken any time during the day. Fosamax comes as a tablet, and must be taken upon arising, before eating. Has your doctor or health care provider prescribed either calcitonin or fosamax for you? (418)
  - a. Yes 1
  - b. No 2
  - c. Don't know / Not sure 7
  - d. Refused 9

## Module 4: Health Care Coverage

If not known whether respondent has health care coverage ("Dk/Ns" or "Refused" to core Q5), go to next module.

I asked you previously about your health care coverage.

If respondent has no health care coverage ("None" to core Q7 or Q7a), continue. Otherwise, go to Q2.

1. What is the main reason you are without health care coverage?  
(216-217)

Reason Code — —

### Read Only if Necessary

- a. Lost job or changed employers **Go to Next Module** 0 1
- b. Spouse or parent lost job or changed employers  
[includes any person who had been providing  
insurance prior to job loss or change]  
**Go to Next Module** 0 2
- c. Became divorced or separated **Go to Next  
Module** 0 3
- d. Spouse or parent died **Go to Next Module** 0 4
- e. Became ineligible because of age or because  
left school **Go to Next Module** 0 5
- f. Employer doesn't offer or stopped offering  
coverage **Go to Next Module** 0 6
- g. Cut back to part time or became temporary  
employee **Go to Next Module** 0 7
- h. Benefits from employer or former employer ran  
out **Go to Next Module** 0 8
- i. Couldn't afford to pay the premiums  
**Go to Next Module** 0 9
- j. Insurance company refused coverage  
**Go to Next Module** 1 0
- k. Lost Medicaid or Medical Assistance eligibility  
**Go to Next Module** 1 1



1.	Other	Go to Next Module	8	7
	Don't know/Not sure	Go to Next Module	7	7
	Refused	Go to Next Module	9	9

2. About how long have you had [fill in type (Medicare/Medicaid/this particular health care coverage) from core Q6, Q7, or Q7a]? (218)

Read Only if Necessary

If necessary, say "The coverage you use currently to pay for most of your medical care"	a.	For less than 12 months (1 to 12 months)	1
	b.	For less than 2 years (1 to 2 years)	2
	c.	For less than 3 years (2 to 3 years)	3
	d.	For less than 5 years (3 to 5 years)	4
	e.	For 5 or more years	5
		Don't know/Not sure	7
		Refused	9

3. Is there a book or list of doctors associated with your [fill in type (Medicare/Medicaid/health coverage) from core Q6, Q7, or Q7a] plan? (219)

If necessary, say "The coverage you use currently to pay for most of your medical care"

	a. Yes	1
If "no" or	b. No	2
"Dk/Ns," probe		
"Is there a	Don't know/Not sure	7
certain number		
you are supposed	Refused	9
to call to find a		
doctor to go to?"		

If "no" or "Dk/Ns," probe "Is there a certain number you are supposed to call to find a doctor to go to?"

4. Does your [fill in type (Medicare/Medicaid/health coverage) from core Q6, Q7, or Q7a] plan require you to select a certain doctor or clinic for all of your routine care? (220)

If necessary,  
say "The  
coverage you  
use currently  
to pay for  
most of your  
medical care"

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

Do not include  
emergency care  
or referral to  
a specialist

5. Other than [fill in type (Medicare/Medicaid/the health coverage which pays for most of your medical care) from core Q6, Q7, or Q7a], do you have any other type of health care coverage? (221)

Do not  
include  
plans that  
only cover  
one type of  
service or  
care

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

If respondent did not have coverage at some time during past 12 months ("Yes" to core Q8), continue. Otherwise, go to next module.

6. What was the main reason you were without health care coverage during the past 12 months? (222-223)

Reason Code — —

**Read Only if Necessary**

- |   |     |
|---|-----|
| a. Lost job or changed employers                  | 0 1 |
| b. Spouse or parent lost job or changed employers |     |

[includes any person who had been providing insurance prior to job loss or change]	0 2
c. Became divorced or separated	0 3
d. Spouse or parent died	0 4
e. Became ineligible because of age or because left school	0 5
f. Employer doesn't offer or stopped offering coverage	0 6
g. Cut back to part time or became temporary employee	0 7
h. Benefits from employer or former employer ran out	0 8
i. Couldn't afford to pay the premiums	0 9
j. Insurance company refused coverage	1 0
k. Lost Medicaid or Medical Assistance eligibility	1 1
l. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

## State Module 4: Children's Health Insurance Coverage

[If children all refused, skip to next module]

[If total # of Children reported = 0, Skip to Next Module]

[If total # of Children reported = 1, Skip to Q.2]

[If total # of Children reported > 1, Read Q.1]

1. (If > 1 child in household) Think about the child there, under age 18, who had a birthday most recently ...  
Now I would like to ask some questions about your child's health insurance coverage.

2. (Ask if any children in household) What is (that/the) child's age?  
(0 = less than 1 year) (419-420)

Enter Child's age	—	—
Don't Know	7	7
Refused	9	9

3. Is (that) child covered by any kind of health care plan, such as health insurance, prepaid plans such as HMOs (health maintenance organizations), or government plans such as Medicare, Medicaid, or Rite Care? (421)

Yes (Skip to Q.5)	1
No (Continue)	2
Don't Know/Not Sure (Skip to Q.5)	7
Refused (Skip to Q.5)	9

4. How long has it been since the child had health coverage, if ever?  
(422)

Within the past 6 months (1 to 6 months ago)	1
Within the past year (7 to 12 months ago)	2
Within the past 2 years (1 to 2 years ago)	3
Within the past 5 years (2 to 5 years ago)	4
5 or more years ago	5

Never	6
-------	---

Don't Know/Not Sure	7
---------------------	---

Refused	9
---------	---

5. Was there a time during the last 12 months when the child needed to see a doctor, but could not because of the cost? (423)

Yes	1
-----	---

No	2
----	---

Don't Know/Not Sure	7
---------------------	---

Refused	9
---------	---

6. About how long has it been since this child last visited a doctor for a routine checkup? (424)

Within the past year (7 to 12 months ago)	1
---	---

Within the past 2 years (1 to 2 years ago)	2
--	---

Within the past 5 years (2 to 5 years ago)	3
--	---

5 or more years ago	4
---------------------	---

Never	5
-------	---

Don't Know/Not Sure	7
---------------------	---

Refused	9
---------	---

## State Module 5: Physical Activities

Now I'd like you to think about all the **regular** physical activities that you do over the course of the day, either for exercise or as part of your work, housework, or leisure.

We define **regular** physical activity as a **total** of 30 minutes or more of an activity or exercise **each day, for at least 5 days each week**. A total of 30 minutes means, for example, that you could take one 30 minute walk or three 10 minute walks in a day.

Physical activity would include doing **at least 10 minutes continuously** of things like walking briskly, heavy yard work, biking, or jogging.

1. Over the past month, did you get at least 30 minutes of physical activity per day, for at least 5 days each week? (487)

Yes	1
No (Go to Q4)	2
Don't Know (Go to Q4)	7
Refused (Go to Q4)	9

2. Have you been regularly physically active in this way for the past 6 months or longer? (488)

Yes	1
No	2
Don't Know	7
Refused	9

3. How do you usually do this physical activity -- during one period of 30 minutes or more each day, or through several shorter periods (of at least 10 minutes) each day? (489)

All at one time	1
Several shorter periods of 10 minutes or more	2
Some of both, depending on the day	3

Don't Know	7
------------	---

Refused	9
---------	---

**[GO TO NEXT MODULE]**

4. In the past month, did you do any physical activity or exercise for less than 5 days a week or less than a total of 30 minutes each day? (490)

Yes	1
-----	---

No	2
----	---

Don't Know	7
------------	---

Refused	9
---------	---

5. Do you intend to become more physically active in the next 6 months? (491)

Yes	1
-----	---

No	2
----	---

Don't Know	7
------------	---

Refused	9
---------	---

## State Module 6: Intimate Partner Violence Module

Many families experience violence in their households. Now I'd like to ask you some questions about violence you may have experienced. This is a sensitive topic and some people may feel uncomfortable with these questions. But remember that your answers are strictly confidential and that you don't have to answer a question if you don't want to. If you believe it would not be safe for you to talk about this now, please let me know. (Note to interviewer: In all questions, do not read the "don't know/not sure" or "refused" responses. These can be checked only if necessary.)

1. Looking back on your childhood, did you ever have injuries (such as bruises, cuts, a black eye, broken bones, etc.) as a result of being hit, slapped, punched, shoved, kicked, or otherwise physically hurt by your parents or guardians? (425)

Yes	1
No	2
Don't Know/Not Sure	7
Refused	9

2. As a child, did you ever see or hear one of your parents or guardians being hit, slapped, punched, shoved, kicked, or otherwise physically hurt by their spouse or partner? (426)

Yes	1
No	2
Don't Know/Not Sure	7
Refused	9

3. In the past 12 months, have you experienced any violence? By violence we mean being pushed, slapped, hit, punched, shaken, kicked, choked, etc., or being made to take part in any sexual activity when you didn't want to. (Do not include situations that only involve threats, but not actual violence). (427)

Yes	1
No {If no, goto Question 6}	2
Don't Know/Not Sure	7



Refused

9

4. At the time of the violence, what was your relationship to the person who was violent with you in the past 12 months? (If more than one person, choose the person who was most violent with you.) (428-429)

Spouse or live in partner 01

Former spouse or live in partner (including separated and divorced spouses) 02

Boyfriend/girlfriend 03

Former boyfriend/girlfriend 04

Date 05

Friend 06

Acquaintance 07

Other (Please state: \_\_\_\_\_) 08

Don't Know/Not Sure 77

Refused 99

5. Did the violence involve making you take part in any sexual activity when you did not want to? (including touch that made you uncomfortable). (430)

Yes 1

No 2

Don't Know/Not Sure 7

Refused 9

The next questions ask about your intimate partners, which include any current or former spouse, boyfriend or girlfriend. Someone you dated would also be considered an intimate partner.

6. In the past 12 months, have you been frightened for the safety of yourself, your family or friends because of the anger or threats of an intimate partner? (431)

Yes 1

- |                     |   |
|---------------------|---|
| No                  | 2 |
| Don't Know/Not Sure | 7 |
| Refused             | 9 |
7. In the past 12 months, has an intimate partner tried to control most or all of your daily activities, for example, controlling who you can talk to or where you can go? (432)
- |                     |   |
|---------------------|---|
| Yes                 | 1 |
| No                  | 2 |
| Don't Know/Not Sure | 7 |
| Refused             | 9 |
8. In the past 12 months, did you have any injuries (such as bruises, cuts, a black eye, broken bones, etc.) as a result of being hit, slapped, punched, shoved, kicked, or otherwise physically hurt by an intimate partner? (433)
- |                     |   |
|---------------------|---|
| Yes                 | 1 |
| No                  | 2 |
| Don't Know/Not Sure | 7 |
| Refused             | 9 |
9. In the past 12 months, did you see a doctor, mental health counselor or other health care provider because of physical violence, sexual violence, anger, threats or controlling behavior of an intimate partner against you? (434)
- |                     |   |
|---------------------|---|
| Yes                 | 1 |
| No                  | 2 |
| Don't Know/Not Sure | 7 |
| Refused             | 9 |
10. In the past 12 months, have any of the following resulted from the physical violence, anger, threats, or controlling behavior of an intimate partner? Have you...\*? (435-440)

- a. \*been unemployed or missed time at work?
- b. \*been unable to attend school or missed time at school?
- c. \*moved out, even temporarily?
- d. \*had contact with the police?
- e. \*sought help from a domestic violence hotline or program?
- f. \*obtained a restraining order or had one in effect? (Includes temporary, permanent and/or emergency restraining orders; Also known as protective orders or 209As.)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

**Read to all:** If you or anyone you know is ever in immediate danger, they can call 911 or any local police. There is a confidential, multilingual hotline to help anyone who is being hurt or threatened by an intimate partner. The hotline's number, if you would like to write it down, is 1-800-799 SAFE (7233).

### **Closing Statement**

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.